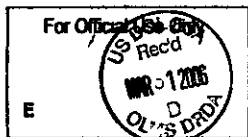


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11/30/2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>4525</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / 2005 Through <u>12</u> / <u>31</u> / 2005
3 Name and address of person filing Name <u>George B Morris</u> P O Box Bldg Room No if any _____ Street <u>128 S 5th ST E</u> City <u>Missoula</u> State <u>Montana</u> ZIP Code + 4 <u>59801-2720</u>	4 Name, file number and address of labor organization Name <u>Pacific Northwest Regional Council of Carpenters</u> Labor Organization File Number <u>540-172</u> P O Box Building and Room Number if any <u>Suite 200</u> Street <u>25120 Pacific Hwy S</u> City <u>Kent</u> State <u>Washington</u> ZIP Code + 4 <u>98032</u>
5 Position in labor organization <u>Organizer/Business Representative</u>	

Enter appropriate data below if, during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions).

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction or Income. _____ _____ _____ 7 b Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true, correct and complete. (See the section on penalties in the instructions.)

Signed

L Bruce Morris

On

3/23/2006

Date

406-239-3659

Telephone Number

Name of Person Filing <u>George Morris</u>	File Number <u>U-</u>
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any) Name <u>WA-ID-MT Carpenters Retirement Trust</u> Trade Name if any _____ P O Box, Bldg Room No if any <u>POB 5434</u> Street <u>111 West Cataldo</u> City <u>Spokane</u> State <u>Washington</u> ZIP Code + 4 <u>99205</u>	9 Business deals with a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name <u>WA-ID-MT Carpenters Retirement Trust</u> Trade Name if any _____ P O Box, Bldg Room No if any <u>POB 5434</u> Street <u>111 West Cataldo</u> City <u>Spokane</u> State <u>Washington</u> ZIP Code + 4 <u>99205</u>	11 a Nature of such dealing <u>Reimbursed direct expenses for reasonable expenses when attending Trust meetings For example travel motel meals parking etc Expenses are reported to the Trust with receipts I did not derive any economic benefit from these transactions</u> <hr/> 11 b Approximate dollar value of such dealing <u>\$868</u> <hr/> 12 a Nature of interest held or income received <u>n/a</u> <hr/> 12 b Amount. <u>\$0</u>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a Nature of payment.
13 b Is the Business an Employer _____ or Consultant _____ ?	14 b Amount of payment. _____